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Oral health promotion and homelessness: a theory-based approach to understanding processes of implementation and adoption

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1. Introduction

Homelessness in Scotland:

- In 2012/2013, 39,827 households in Scotland applied for homeless assistance.
- Over the past decade, the Scottish Government and the NHS have published key policy documents, identifying people affected by homelessness as a *priority group* and acknowledging that this group need tailored oral health care.

Smile4life:

- The Smile4life survey examined the oral health and psychosocial needs of this population, and found that oral health was poor.
- This led to the development of the **Smile4life intervention**, which aimed to increase access to mainstream dental services for homeless people by training health and social care practitioners. This was launched in June 2012.
- The implementation of the Smile4life intervention was the basis of a **process evaluation**, which studied when and how each NHS Board implemented the intervention.

2. Aims and Methods

Aim: To use the Theory of Diffusion of Innovations as a framework to explore the qualitative data gleaned from a process evaluation of Smile4life implementation.

Participants: 20 oral health practitioners from 11 NHS Boards.

Ethical approval: Ethical approval to conduct the research was obtained from the University Research Ethics Committee of the University of Dundee (UREC9005).

Data collection: Telephone interviews were conducted on a monthly basis, over 18 months, to collect qualitative data regarding the implementation of Smile4life. Interviews were semi-structured and recorded with consent.

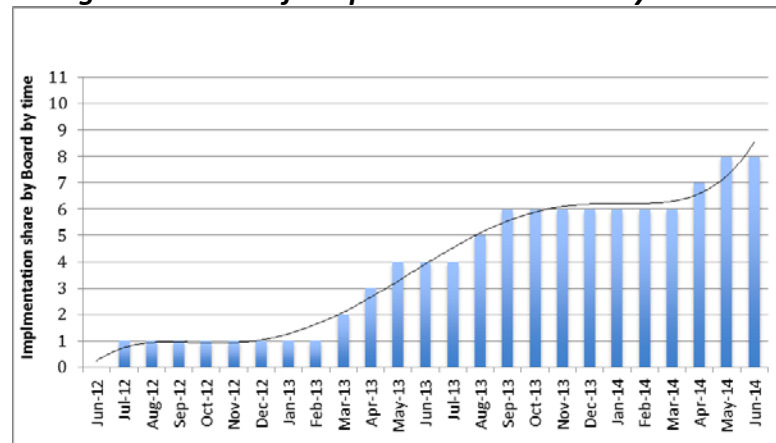
Data analysis: A framework based on the Theory of Diffusion of Innovations was used to identify variables that underpinned adoption. These variables could be separated into three thematic clusters – characteristics of the innovation, characteristics of innovators and environmental context.

Rogers (2003) defined adoption as: *“a decision to make full use of an innovation as the best course of action available.”*

3. Results

The **average length of time to adoption** was **16 months** from the launch of Smile4life. Figure 1 shows the number of NHS Boards implementing Smile4life each month, over the data collection period. Boards were categorised into adopter categories, based on the time taken to adopt and implement Smile4life. 1 Board was an Early Adopter, 5 were Early Majority, 1 was Late Majority, and 4 were Laggards.

Figure 1: Smile4life implementation share by Board



It is important to note that for the Laggard Boards there should not be an automatic negative connotation. The environmental context plays a significant role in implementation, and poses particular problems for remote and rural Boards, despite motivated and enthusiastic staff.

Barriers	Facilitators
Environmental context <ul style="list-style-type: none"> Geography of NHS Board Lack of resources (time and staff) Heavy workload Familiarity (bad past experience) 	Characteristics of innovators <ul style="list-style-type: none"> Enthusiastic and motivated staff
Characteristics of innovation <ul style="list-style-type: none"> Perceived complexity of implementation 	Environmental context <ul style="list-style-type: none"> Positive social interactions Familiarity (good past experience)

4. Conclusions

Conclusions/Impact: The Theory of Diffusion of Innovations provided a useful theoretical framework for understanding the processes in the implementation and adoption of the Smile4life programme. It allowed for the emergence of the need for specific training in the implementation, adoption and consolidation of interventions, to be tailored to the needs of practitioners within the adopter group categories.

Next steps: It is crucial that engagement is sought with the Third Sector and local authority staff, to improve partnership working, as well as ensuring that oral health and homelessness is a priority for all health and social care practitioners across Scotland.

5. References

Rogers EM. Diffusion of Innovations, 5th Edition. New York: Free Press, 2003
Freeman R et al. Smile4life: Report of the homeless oral health survey in Scotland, 2008-2009. Dundee: University of Dundee, 2011.

6. Acknowledgements

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